WEDDING INTAKE FORM

BRIDE

Name: _____
First Middle Last

Street Address: _____

City/State/Zip: _____

Phone: _____ **Email:** _____

Catholic: ____**Yes** ____**No** If "No," religion (if any): _____

Registered St. Gertrude Parishioner: ____**Yes** ____**No**

Previously married: ____**Yes** ____**No**

GROOM

Name: _____
First Middle Last

Street Address: _____

City/State/Zip: _____

Phone: _____ **Email:** _____

Catholic: ____**Yes** ____**No** If "No," religion (if any): _____

Registered St. Gertrude Parishioner: ____**Yes** ____**No**

Previously married: ____**Yes** ____**No**

OTHER

Requested Date & Time of Wedding: _____

Visiting priest or deacon to preside: _____**Yes** ____**No**
(If "Yes," please provide his name, address, phone and email below)

Name: _____

Address: _____
Street City State Zip

Phone: _____ Email: _____

OFFICE USE ONLY

Confirmed Wedding date: _____

Documentation: _____

Intake form completed by: _____ Date: _____
(or received online)

REV 8/2018